


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000038622 1. Entity Name SANFORD BAIL BONDS, INC.	
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Principal Place of Business 2621 SOUTH ORLANDO DRIVE SUITE 9 SANFORD, FL 32773	Mailing Address 2621 SOUTH ORLANDO DRIVE SUITE 9 SANFORD, FL 32773
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DO NOT WRITE IN THIS SPACE



09142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3728137	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MONCRIEF, RUSSELL BRUCE 3910 SOUTH JOHN YOUNG PARKWAY ORLANDO, FL 32839	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MONCRIEF, RUSSELL BRUCE 3910 SOUTH JOHN YOUNG PARKWAY ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIAZ, EMILY 2621 SOUTH ORLANDO DRIVE SUITE 9 SANFORD, FL 32773
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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09/17/04-80006-005 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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